

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Henry Beck

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

Mellie Beck
 6. (c) If alive, give age 79 years
 7. Birth date of deceased (mo., day, yr.) February, 10th 1868

8. AGE: 79 Years 5 Months 49 Days 49 hrs. min.
 If less than one day

9. Birthplace

Near Denton
 (Town, county, and state)

10. Usual occupation

retired Farmer

11. Industry or business

Farmer

12. Name

Jessie A. Beck

13. Birthplace

Maryland

14. Maiden name

Martha Louise

15. Birthplace

Maryland

16. Informant

Wm. H. W. F. and

Address

Ord. Denton Md.

17. Burial

(Burial, cremation, or removal. Which?) 7-1-47 Date thereof (month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton Md.

19. Funeral director

J. Virgil Moore & Son

Address Denton Md.

19. 6/29 19 47 Wm. D. George Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1945 to June 29 1947

and that I last saw her alive on June 29 1947

Immediate cause of death

Coronary Sclerosis

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Amson D. George M. D. or other

Address Denton Md. Date signed 6/29/47

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

DEPT. OF HEALTH, BUREAU OF VITAL RECORDS

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

RECEIVED
JUL 1 1947
BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93a

CERTIFICATE OF DEATH

Reg. Dist. No. 04862

1. PLACE OF DEATH:

County Caroline md
City or town Denton md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Caroline
City or town Denton md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 608 Lincoln
(If rural, give LOCATION)
2. (a) If veteran, name war no

3. (a) FULL NAME

George Edward Brown

3. (b) Social Security Number

lost

4. Sex male 5. Color or race a. a. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Henrietta Brown
yes 6. (c) If alive, give age about 49 years

7. Birth date of deceased (mo., day, yr.) about 1886

8. AGE: Years about 61 Months — Days — If less than one day — hrs. — min.

9. Birthplace Hillsboro md
(town, county, and state)

10. Usual occupation Farmer

11. Industry or business Same as above

12. Name Wm. H. Thomas

13. Birthplace Hillsboro

14. Maiden name Adeline Brown

15. Birthplace Ridgely md

16. Informant Adeline Thomas

Address Hillsboro md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 8 - 1947
(month) (day) (year)

Cemetery or crematory Spring Grove Cemetery

Location Denton Hillsboro

18. Funeral director James H. Stewart

Address Baltimore md

19. 6/8 47 7mo 0 years
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1947 at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Acute Myocarditis DURATION 1 hr

Due to Acute Myocarditis

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

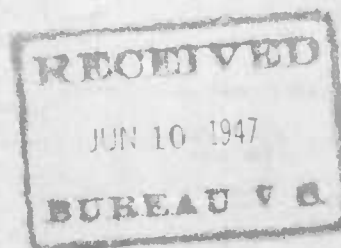
23. SIGNATURE James H. Stewart D. or other —

Address Denton Date signed 6/8/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926

04870

CERTIFICATE OF DEATH

Reg. Diat. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war World War I

3. (a) FULL NAME

Clarence Franklin Bullock

3. (b) Social Security Number

—

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mildred Testes Bullock7. Birth date of deceased (mo., day, yr.) August 30, 1893 6. (c) If alive, give age 36 years8. AGE: Years 53 Months 9 Days 5 It less than one day _____ hrs. _____ min.9. Birthplace Denton, Caroline, Ind
(Town, county, and state)10. Usual occupation Storekeeper11. Industry or business Sales, Grocery12. Name Charles F. Bullock13. Birthplace Delaware14. Maiden name Fannie Donovan15. Birthplace Delaware16. Informant Mrs. Mildred BullockAddress Denton, Ind.17. Burial Date thereof June 8, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director Virgil M. GeorgeAddress Denton, Ind.19. 6/8 47 M. D. George
(Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 19 47, at 3 p M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 19 38, to June 5 19 47and that I last saw him alive on June 5 19 47Immediate cause of death Coronary occlusionDURATION
5 min.

Due to _____

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death) 8 yr +

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Paul Thirth M. D. or otherAddress Denton Ind Date signed 6/6/47

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JUN 10 1947
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04871

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Denton, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Georgina Clough

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced widow6. (b) Name of husband or wife Samuel Clough Deaf7. Birth date of deceased (mo., day, yr.) Feb. 19th 1863 6. (c) If alive, give age _____ years8. AGE: Years 84 Months 3 Days 26 If less than one day _____ hrs. _____ min.9. Birthplace New Denton, Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name John Wesley Clark13. Birthplace Delaware14. Maiden name Mary Elizabeth Smith15. Birthplace Delaware16. Informant Mrs. James TempleAddress Denton, Md.17. Buried Date thereof 6-13-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Denton, Md.Location Denton, Maryland18. Funeral director J. Thayer MooreAddress Denton, Md.19. June 11, 1947 S. M. Lippert Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1947 at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1945 to June 9, 1947and that I last saw her alive on June 8, 1947

Immediate cause of death _____ DURATION _____

Due to Cardiovascular - RenalDisease 39yr

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

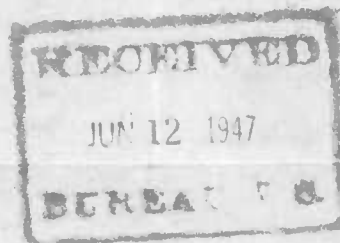
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Amos D. George M. D. or other _____Address Denton Date signed 6/10/47



Max E. Ripstein

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

04872

1. PLACE OF DEATH:

County... Caroline
 City or town... Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
Near Howard's School
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Caroline
 City or town... Denton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Near Howard's School
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Alice M. Dickerson

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Arthur Ruscum

7. Birth date of deceased (mo., day, yr.)

February 22, 1862

6. (c) If alive, give age ... years

8. AGE:

Years

Months

Days

If less than one day

8542

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

NoneFATHER
MOTHER

12. Name

Charles Dickerson

13. Birthplace

Caroline County, Maryland

14. Maiden name

Lizzie Diggs

15. Birthplace

Caroline County, Maryland

16. Informant

Edward W. Dickerson

Address

Denton, Maryland, R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof... June 27, 1947
(month) (day) (year)

Cemetery or crematory

Saint Paul Cemetery

Location

Near Fedsalsburg, Maryland

18. Funeral director

J. J. Frampton and son

Address

Fedsalsburg, Maryland

19.

June 26, 1947
(Date rec'd by registrar)S. S. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 24 19 47, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 1944 to June 20, 1947
and that I last saw him alive on June 26, 1947

Immediate cause of death

Bronchopneumonia

DURATION

2 weeks

Due to

Chronic nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

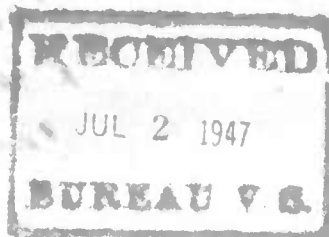
Injured at work?

23. SIGNATURE

H. L. Small, M.D.

M. D. or other

Address... Denton, Md. Date signed... 6-26-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12

1. PLACE OF DEATH:

County Caroline
 City or town Preston (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? All of life (nearly)
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State MD. County Caroline
 City or town Preston (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas R. Dawles

3. (b) Social Security Number

None

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Ana Dawles
 7. Birth date of deceased (mo., day, yr.) Dec. 23, 1874 6.(c) It alive, give age 71 years
 8. AGE: Years 72 Months 5 Days 19 It less than one day _____ hrs. _____ min.

9. Birthplace Canada
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Alfred Dawles13. Birthplace Canada14. Maiden name Drusilla Jones15. Birthplace Canada16. Informant Mrs. Thomas R. DawlesAddress Preston, Md.17. Burial Date thereof Jan 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Union OrderLocation Preston, Md.18. Funeral director Maurice E. Thomas & Co.Address Preston, Md.19. 6/13 18.47 C. D. Plummer
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 19 47 at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 28 19 77 to Jan 12 19 47and that I last saw him alive on Jan 12 19 47Immediate cause of death URICEMIA + PULMONARYEdema

DURATION

3 daysDue to Cerebral Circumference3 moDue to Carcinoma of Pancreas1 moOther conditions Cystitis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Harry D. Plummer M. D. or other _____Address Preston, Md. Date signed 6/13/47

RECEIVED

JUN 16 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04874

CERTIFICATE OF DEATH

Reg. Dist. No. *E. 4*

1. PLACE OF DEATH:

County...

City or town...

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State...

City or town...

(If outside city or town limits, write RURAL and give nearest town)

Street No...

(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 4, 1947, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 25, 1947, to June 4, 1947

and that I last saw him alive on

June 4, 1947

Immediate cause of death

DURATION

Due to

Due to

Other conditions

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

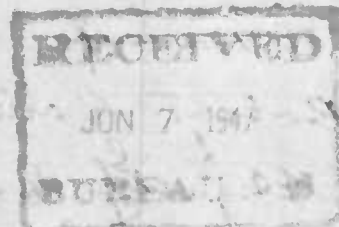
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 6/6/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92b

04875

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH: Caroline
 County Greensboro, Md.
 City or town 5 Days
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Stewart Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Bridgetown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME Sylvester J. Fogwell

3. (b) Social Security Number ✓

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Zadia
 7. Birth date of deceased (mo., day, yr.) March 16, 1862 6. (c) If alive, give age _____ years
 8. AGE: Years 85 Months 3 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name Laurenza Fogwell
 13. Birthplace Maryland
 14. Maiden name Carmen Stant
 15. Birthplace Maryland

16. Informant Mrs. Earl Coneguez
 Address Greensboro, Md.
 17. Burial Date thereof 7/3/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greensboro
 Location Greensboro, Md.

18. Funeral director R. B. Rawlings
 Address Greensboro, Md.
 19. July 1 - 1947 L. M. Papp
 (Date rec'd by registrar) (Registrar)

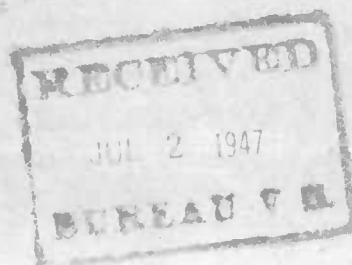
MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 47 at _____ M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25, 1947 to June 25, 1947
 and that I last saw him on June 25, 1947

Immediate cause of death Heart Failure DURATION _____
Heart Failure
 Due to _____
 Due to _____
 Other conditions Heart Failure
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op. _____
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide ✓ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) ✓
 Means of injury _____ Injured at work? ✓
 23. SIGNATURE Dr. Wm. L. Deady M. D. or other _____
Dr. Wm. L. Deady Date signed _____



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Diet. No. 04876 64

1. PLACE OF DEATH:

County Caroline
City or town Federalburg Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Federalburg Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Rosine Friend

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Gabriel Fried

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1854

8. AGE: 93 Years 1 Months 5 Days hrs. min.

9. Birthplace Dorchester County, Md.
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business Own home

12. Name John Holliday

13. Birthplace Dorchester Co. Md.

14. Maiden name Arrietta Brummell

15. Birthplace Caroline Co. Md.

16. Informant Cornelia Smith

Address Federalburg Md. R.F.D

17. Burial Date thereof June 9 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Federal Hill Cemetery

Location Federalburg, Md.

18. Funeral director B. J. Frampton & Son

Address Federalburg, Md.

19. June 7 1947 B. J. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1947 at 3⁰⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1947 to June 5th 1947 and that I last saw him alive on June 5th 1947

Immediate cause of death

Bronchopneumonia

Due to

Due to

Other conditions Senility

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Franz M. Andersen M.D.

Address Federalburg, Md. Date signed 6/7/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04877
Reg. Dist. No. 66

1. PLACE OF DEATH

County... *Caroline*
City or town... *Ridgely Rural*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *21 years*
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... *md* County... *Caroline*
City or town... *Ridgely Rural*
(If outside city or town limits, write RURAL and give nearest town)
Street No...
(If rural, give LOCATION)
2.(a) If veteran, name war... *World War one*

3. (a) FULL NAME

Robert W. Garner

3. (b) Social Security Number

4. Sex... *m* 5. Color or race... *w.* 6.(a) Single, married, widowed, or divorced... *married*
6.(b) Name of husband or wife... *Elyzabeth*
6.(c) If alive, give age... *48* years
7. Birth date of deceased (mo., day, yr.)... *July 4, 1942*
8. AGE: Years... *5-4* Months... *11* Days... *7* If less than one day... hrs. min.

9. Birthplace... *Belwood Pa.*
(Town, county, and state)
10. Usual occupation... *Retired.*

11. Industry or business

FATHER 12. Name... *Edward Garner*
13. Birthplace... *Pa.*
MOTHER 14. Maiden name... *Laura Cherry*
15. Birthplace... *Pa.*

16. Informant... *Mrs. Elyzabeth Garner*
Address... *Ridgely md.*

17. Burial... *Buried* Date thereof... *June 14, 1947*
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... *Hillside*
Location... *Philadelphia Pa.*

18. Funeral director... *Raymond B. Rowlings*
Address... *Greenboro md.*

19. *6/12* 19*47* *J. J. Davis.*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... *June 11* 19*47* at *4 P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *5-11-1947* to *6-11-1947*
and that I last saw him alive on *6-9-1947*

Immediate cause of death... *Ant. Myocardial Infarction*
E. Decomposition
Due to... *Chronic Heart Disease*

DURATION
?
3 mo
20 yrs

Due to...
Other conditions...
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE... *Ann White MD*
Ridgely M. D. or other
Address... Date signed *6/12/47*

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JUN 16 1947

BUREAU 58

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

04878

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Preston R.F.D. Dover Bridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Died on way to Eastern Hospital
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Federalburg Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Kukta, Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Feb. 18th 1942

8. AGE:

Years

Months

Days

If less than one day

5318

hrs.

min.

9. Birthplace

Baltimore City - Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

John Kukta, Sr.

13. Birthplace

Hungaria

MOTHER

14. Maiden name

Agnes Schenck

15. Birthplace

Baltimore City, Md.

16. Informant

Mrs. John Kukta, Sr.

Address

Federalburg, Md. R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereat

June 21st 1947
(month) (day) (year)

Cemetery or crematory

Secretary Catholic Cemetery

Location

Secretary, Maryland

18. Funeral director

S. S. Frank Tomason

Address

Federalburg, Md.

19.

June 15th 1947
(Date rec'd by registrar)S. S. Frank Tomason
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 6th 1947 at 7⁰⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6/6 1947 to 6/6 1947

and that I last saw him alive on

6/6 1947

Immediate cause of death

Cerebral Hemorrhage
fractured Skull

DURATION

2 hrs.2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident Date of 6/6/47

Where did injury occur?

Federalburg, Dorchester, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Hit by truck

Injured at work?

No

23. SIGNATURE

Frank M. Gibson M.D.
Federalburg, Md. Date signed 6/6/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Life expect age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 19 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

126

04879

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Holdsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 yrs.
 Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Holdsboro Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME

Susan C. May

3. (b) Social Security Number

✓4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Samuel

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May. 29, 18618. AGE: Years 86 Months 0 Days 17 If less than one day _____ hrs. _____ min.9. Birthplace Harrington Del.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business ✓12. Name William Lewis13. Birthplace Del.14. Maiden name Mannah Ross15. Birthplace Del.16. Informant Emma MatthewsAddress 1005 E. 11 St. Wil. Del.17. Burial Date thereof 6/19/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory UnionLocation Near Greensboro18. Funeral director Raymond B. RawlingsAddress Greensboro Md.19. 6/18 47 90 Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 47 at 555 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 to June 14 19 47and that I last saw him alive on June 14 19 47Immediate cause of death Chole. cystitisChole. lithiasisDue to Chole. lithiasis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Greenleaf M. D. June 1947Address Greensboro Md. Date signed 11/47

RECEIVED

JUN 25 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04880

Reg. Dist. No. 66

1. PLACE OF DEATH:

County... CarolineCity or town... Ridgely
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death... 6 Weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State... Maryland County... CarolineCity or town... Ridgely
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Emma E. Pratt

3. (b) Social Security Number

215-20-2267

4. Sex

F.

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Manuel Pratt

7. Birth date of deceased (mo., day, yr.)

Dec. 15 - 18966. (c) If alive, give age 55 years

8. AGE:

Years

Months

Days

If less than one day

50523

hrs.

min.

9. Birthplace

Fruitland Wyconia Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

William Adams

13. Birthplace

No Record

MOTHER

14. Maiden name

Liza Morris

15. Birthplace

Maryland

16. Informant

Manuel Pratt

Address

Ridgely Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

6/10/47
(month) (day) (year)

Cemetery or crematory

Phenton

Location

Phenton Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

19.

6/9
(Date rec'd by registrar)

19.

47J. D. Davis

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 7 19 47 at 3:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5-2 19 47 to 6-7 19 47and that I last saw her alive on June 6 19 47

Immediate cause of death

Myocardial Infarction

DURATION

3 mo.

Due to

Intersecting Les.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

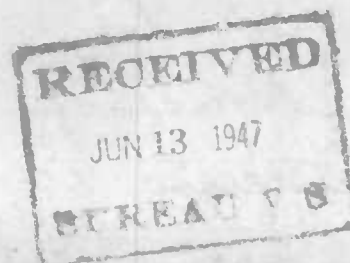
Injured at work?

23. SIGNATURE

George White Md

M. D. or other

Address... Ridgely Date signed 6/9/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

04881

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County..... *Caroline*
 City or town..... *Greensboro*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... *20 days*
 Hospital, institution, or street address where death occurred:
Stewart Nursing Home
 How long in hospital or institution?..... *2 weeks*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Maryland* County..... *Caroline*
 City or town..... *Denton*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Rosa Sued Puttman

3. (b) Social Security Number

4. Sex..... *F* 5. Color or race..... *W* 6. (a) Single, married, widowed, or divorced..... *widowed*
 6. (b) Name of husband or wife..... *John Puttman*
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... *Feb. 23, 1863*
 8. AGE: Years..... *84* Months..... *5* Days..... *4* If less than one day..... hrs. min.

9. Birthplace..... (Town, county, and state)
 10. Usual occupation..... *Homemaker*
 11. Industry or business.....
 12. Name..... *Joseph Griffith*
 13. Birthplace..... *Dublin, Ireland*
 14. Maiden name..... *Mary Elizabeth Baker*
 15. Birthplace..... *Caroline County*

16. Informant..... *Alen Griffith*
 Address..... *Bd. Greensboro, Ind.*
 17. (Burial, cremation, or removal. Which?)..... *Burial* Date thereof..... *June 29, 47*
 (month) (day) (year)

Cemetery or crematory..... *Denton*
 Location..... *Denton, Md.*
 18. Funeral director..... *J. Virgil Moore & Son*
 Address..... *Denton, Md.*

19. (Date rec'd by registrar)..... *June 29, 47* Registrar..... *L. M. Pippin*

MEDICAL CERTIFICATION

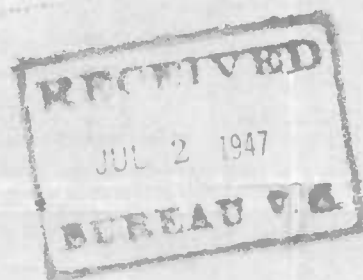
20. DATE OF DEATH..... *June 27, 1947*
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... *June 2, 1947* to..... *June 27, 1947*
 and that I last saw him alive on..... *June 26, 1947*
 Immediate cause of death.....

Arterio Sclerosis
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... *Stinson, George* M. D. or other
 Address..... *Denton* Date signed..... *6/28/47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

04882

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Caroline
 City or town Denton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Mable Thelma Smith

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Edward Smith
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) Nov. 19th 1887
 8. AGE: 59 Years 6 Months 22 Days If less than one day _____ hrs. _____ min.

9. Birthplace Near Denton
(Town, county, and state)10. Usual occupation at home

11. Industry or business

MOTHER FATHER
 12. Name John Shawlee
 13. Birthplace Quincy Ind.
 14. Maiden name Louise Leving
 15. Birthplace Virginia

16. Informant Mr. Edward Smith
 Address Denton, Ind.

17. Buried Date thereof 6-20-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery
 Location Denton, Ind.

18. Funeral director J. Virgil Moore & Son
 Address Denton, Ind.

19. 6/20 19 47 M. D. Gump
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 47, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 23 19 30 to June 16 19 47and that I last saw him alive on June 16 19 47

Immediate cause of death

Cerebral hemorrhage

DURATION

5 hoursDue to Hypertension -9 years

Due to _____

Other conditions previous cerebral hemorrhage
lost and hemiplegia July 22 - 1947
 (Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____

Injured at work? _____

23. SIGNATURE D. Paul Smith M.D.

M. D. or other

Address Denton Ind. Date signed 6/20/47

RECEIVED

JUN 24 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

04883

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Caroline
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME.

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Walter Sparklin
 6. (c) If alive, give age 82 years
 7. Birth date of deceased (mo., day, yr.) Jan. 14-1866

8. AGE: Years 81 Months 5 Days 17 hrs. _____ min. _____
 If less than one day

9. Birthplace Carroll County, Ind.
 (Town, county, and state)

10. Usual occupation at home

11. Industry or business _____

12. Name Rev. R. Sargent

13. Birthplace Missyland

14. Maiden name Elizabeth Sargent

15. Birthplace Seaford, Del.

16. Informant Walter Sparklin

Address Denton, Ind.

17. Buried Date thereof 6-21-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton, Ind.

18. Funeral director J. Eliegil Moore

Address Denton, Ind.

19. 6/20 1947 Ind O George
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1947 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1943 to June 18 1947 and that I last saw her alive on June 18 1947

Immediate cause of death _____ DURATION _____

Due to Cardio Vascular, Renal 44m

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Nelson D George M. D. or other _____

Address Denton Date signed 6/20/47

RECEIVED

JUN 24 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106b

04884

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Bartie Stanford

3. (b) Social Security Number

✓

4. Sex

F.

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Louis

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 27, 1873

8. AGE:

Years 74 Months 0 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace

Greensboro Caroline Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Thomas Wilson

13. Birthplace

Greensboro, Md.

MOTHER

14. Maiden name

Lucinda Black

15. Birthplace

Greensboro Md.

16. Informant

Mrs. Viola Thomas

Address

Ridgely, Md.

17. Burial

(Burial, cremation, or removal, if other)

Date thereof

6/3/47
(month) (day) (year)

Cemetery or crematory

Cokers

Location

Near Greensboro, Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

June 3 1947
(Date rec'd by registrar)

J. D. Davis
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 1 1947 at 6:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to _____ 19____
and that I last saw h. _____ alive on _____ 19____

Immediate cause of death

Pulmonary Hemorrhage from trauma

Due to undetermined

Chronic bronchitis

Other conditions (7/23/47 abc)

(Include pregnancy within 8 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Amos D. Taylor M. D. or other
Physician
Address Boston Date signed 6/2/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 4 1947

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04885

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Denton Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Leilus Henry Summerfield

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Olevia Summerfield
 6. (c) If alive, give age Dead years
 7. Birth date of deceased (mo., day, yr.) May 5, 1892
 8. AGE: Years 55 Months 1 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore City
 (Town, county, and state)
 10. Usual occupation Demolition
 11. Industry or business _____
 12. Name Carper Summerfield
 13. Birthplace Germany
 14. Maiden name Margaret Leach
 15. Birthplace Abington, Va.

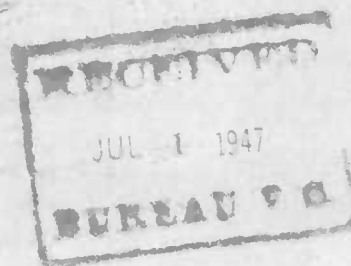
16. Informant Mrs. Margaret Summerfield
 Address Baltimore, Md.
 17. Buried Date thereof 6-26-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Denton Cemetery
 Location Denton, Md.

18. Funeral director J. Edgar Moore
 Address Denton, Md.
 19. 6/26 1947
 (Date read by registrar) Registrar M. D. Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1947, at 3 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20, 1947 to June 24, 1947
 and that I last saw him alive on June 24, 1947
 Immediate cause of death _____ DURATION _____
Gun shot wound to head - sudden
 Due to _____
Chronic Alcoholism 5 yrs.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide suicide Date of 6/24/47
 Where did injury occur? Denton Caroline Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury Gun shot wound Injured at work? No
 23. SIGNATURE Harold George
Deputy Medical Examiner M. D. or other _____
 Address Denton Date signed 6/26/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04886

Reg. Dist. No. 66

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Baby Boy Thomas

3. (b) Social Security Number

4. Sex.....
5. Color or race.....
6.(a) Single, married, widowed, or divorced.....

6.(b) Name of husband or wife.....

8.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.).....

8. AGE: Years..... Months..... Days..... If less than one day..... hrs. min.

9. Birthplace.....
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name.....

13. Birthplace.....

MOTHER 14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial..... Date thereof.....

(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. 6/24..... 19. 47.....

(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 23..... 19. 47..... at 9:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

June 23..... 19. 47..... to..... June 23..... 19. 47.....

and that I last saw him alive on..... June 23, 1947..... 19.....

Immediate cause of death.....

.....

.....

Due to.....

Due to.....

Other conditions.....

.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other.....

Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

04887

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Caroline

City or town Ridgely
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Girl Thomas

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 24, 1947

8. AGE:

Years

Months

Days

If less than one day

_____ hrs. 3 min.

9. Birthplace

Ridgely, Caroline Co., Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name

Baby Thomas

13. Birthplace

Ridgely, Caroline Co., Md.

14. Maiden name

Louise Miller

15. Birthplace

Ingleside 2.1. Md

16. Informant

Amelia Myers

Address

Ridgely, Md

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof June 24, 1947
(month) (day) (year)

Cemetery or crematory

Thomas Lot

Location

near Ridgely

18. Funeral director

Edmund Thomas

Address

Ridgely, Md

19.

6/24/47
(Date rec'd by registrar)

19. 47

J. D. Davis
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 47 at 12:18 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 24 19 47 to June 24 19 47

and that I last saw him/her alive on June 24 19 47

Immediate cause of death

Chromosomal Birth - 7mo

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Ridgely, Md Date signed 6/24/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 26 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County CarolineCity or town Bridgetown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 1/2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CarolineCity or town Bridgetown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Wesley Thomas

3. (b) Social Security Number

4. Sex Male 5. Color of face White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mandy Thomas

7. Birth date of

deceased (mo., day, yr.)

Sept 11 - 18866. (c) If alive, give age 53 years

8. AGE:

Years

Months

Days

If less than one day

60924hrs.min.

9. Birthplace

Queen Anne Co
(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

FATHER

12. Name

Lamuel J Thomas

13. Birthplace

Unknown

MOTHER

14. Maiden name

May Jones

15. Birthplace

Queen Anne Co

16. Informant

Mrs Mandy Thomas

Address

Bridgetown MD

17. (Burial, cremation, or removal, which?)

Burial

Date thereof

June 28-47
(month) (day) (year)

Cemetery or crematory

Chester

Location

Chester town and

18. Funeral director

Chapman & Lane

Address

Church Hill MD

19. (Date rec'd by registrar)

June 2719. 47J D Davis

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 25 19 47 at 8:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death

Acute Myocarditis
Due to Chronic Myocarditis

DURATION

Sudden
6 mos

Due to

Other conditions Over Exercise

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

James D. George
Deputy Medical Registrar
June 27, 1947

M. D. or other

Date signed 6/27/47

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial)

2. PLACE OF BIRTH

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BUREAU C 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04889

Reg. Diat. No. 64

1. PLACE OF DEATH:

County... Caroline
 City or town... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? All life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Clare Prattis Tillman

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Thomas Tillman
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Feb- - 1869

8. AGE: Years 78 Months 4 Days - If less than one day hrs. min.

9. Birthplace Federalburg Caroline Co. Md
 (Town, county, and state)

10. Usual occupation House work

11. Industry or business Own home

FATHER 12. Name Soloman Prattis
 13. Birthplace Caroline Co. Md

MOTHER 14. Maiden name Margaret Chase
 15. Birthplace Caroline Co. Md

16. Informant Mary Ellen Brummell
 Address Federalburg Md

17. Burial Date thereof June 10 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Federal Hill Cemetery

Location Federalburg Md

18. Funeral director S. S. Frampton & Son
 Address Federalburg Md

19. June 7 1947 S. S. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1947 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1947 to June 25 1947
 and that I last saw him alive on June 25 1947

Immediate cause of death Paraplegia

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Webb M.D.
 M. D. or other

Address Porton, Md Date signed 6/7/47

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JUN 19 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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62

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CalverCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalverCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. 119 - N. 3rd St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Mary Basley Trupow4. Sex F. 5. Color or race Colored 6. (a) Single, married, widowed, or divorced6. (b) Name of husband or wife Elijah Trupow7. Birth date of deceased (mo., day, yr.) Feb. 13 - 1869 6. (c) If alive, give age years8. AGE: Years 78 Months 4 Days 8 If less than one day hrs. min.9. Birthplace Balto. Co. Md.
(Town, county, and state)10. Usual occupation School Teacher

11. Industry or business

12. Name Elli Basley13. Birthplace Balto. Co. Md.14. Maiden name Unknown15. Birthplace " "16. Informant Annie J. DownsAddress 119 - N. 3rd St. Denton Md.17. Buried Date thereof June 24 46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Willbros Md.Location Calver Co.18. Funeral director Leon W. HenryAddress Easton Md.19. 6/23 1947 M.D. George
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 47 at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 21 1940 to June 20 1947and that I last saw him/her alive on June 20 1947Immediate cause of death Cerebral hemorrhage DURATION 1 dayDue to hypertension 3

Due to

Other conditions

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04891

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH

County Caroline
 City or town Preston - Rural -
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 - years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural -
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Wheeler

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife

George Wheeler

7. Birth date of deceased (mo., day, yr.)

May 12, 1889

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

5818

.....hrs.

.....min.

9. Birthplace

Arundel County, Maryland
(Town, county, and state)

10. Usual occupation

House - work

11. Industry or business

Own home

FATHER

12. Name

No information

13. Birthplace

No information

MOTHER

14. Maiden name

No information

15. Birthplace

No information

16. Informant

George Wheeler

Address

Preston, Maryland

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

June 24, 1947
(month) (day) (year)

Cemetery or crematory

Johns Cemetery

Location

Near Preston, Maryland

18. Funeral director

S. J. Frampton & Son

Address

Federalburg, Maryland

19.

June 23, 1947
(Date rec'd by registrar)C. D. Plummer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1947 at 7:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1st, 1947 to June 20th, 1947and that I last saw him alive on 6/20 1947

Immediate cause of death

Chronic myocarditis

DURATION

5 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

.....Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Frank M. Anderson, M.D.
Federalburg, Md. Date signed 6/22/47

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JUN 25 1947

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

04892

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Federalsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 12 years.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Caroline
 City or town..... Federalsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Willie Anna Wright

3. (b) Social Security Number

199-03-9276

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

John Albert Wright

7. Birth date of deceased (mo., day, yr.)

Feb. 26" 1880

6. (c) If alive, give age..... years

8. AGE:

Years

67

Months

3

Days

22

If less than one day

hrs.

min.

9. Birthplace

North Hampton Co. Virginia.

(Town, county, and state)

10. Usual occupation

House-work

11. Industry or business

Own home

FATHER

12. Name

Lambert J. Guillen,

13. Birthplace

England.

MOTHER

14. Maiden name

Isabelle Hickman,

15. Birthplace

Virginia.

16. Informant

W. Carl Wright,

Address

Federalsburg, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof..... June 21" 1947

(month) (day) (year)

Cemetery or crematory

Zion Cemetery,

Location

Near Williamsburg, Md.

18. Funeral director

J. J. Frampton & Son,

Address

Federalsburg, Md.

19.

June 20" 1947

(Date rec'd by registrar)

J. J. Frampton

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 18th. 19 47 at 6-20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19 47 to June 18 19 47and that I last saw him/her alive on June 18 19 47Immediate cause of death Carcinoma oflung

DURATION

1 year

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Federalsburg, Md. Date signed 6-19-47

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JUN 21 1947

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